APPLICATION DATA SHEET

JAP20 Rec'd PCT/PTO 14 JUL 2006

Application Information

Application Type::

Regular

Subject Matter::

Utility

Title::

Tricyclic Benzazepine Derivatives and Their Use

Attorney Docket Number::

BHC 031067

Applicant Information

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Elisabeth

Middle Name::

Family Name::

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City of Residence::

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State or Province of Residence::

Country of Residence::

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City of mailing address::

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State or Province of mailing address::

Country of mailing address::

Germany

Postal or Zip Code of mailing address::

40721

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Germany

Status::

Full Capacity

Given Name::

Michael

Middle Name::

Family Name::

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State or Province of Residence::

Country of Residence::

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Timo

Middle Name::

Family Name:: Flessner

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State or Province of Residence::

Country of Residence:: Germany

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State or Province of mailing address::

Country of Mailing address:: Germany

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Mario

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Family Name:: Jeske

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State or Province of Residence::

Country of Residence:: Germany

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State or Province of mailing address::

Country of Mailing address:: Germany

Postal or Zip Code of mailing address:: 42699

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Nils

Middle Name::

Family Name:: Griebenow

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Country of Residence:: Germany

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Country of Mailing address:: Germany

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Frank

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Family Name:: Süssmeier

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Hilmar

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Family Name:: Bischoff

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Country of Residence:: Germany

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State or Province of mailing address::

Country of mailing address:: Germany

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

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Middle Name::

Family Name:: Raabe

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State or Province of Residence::

Country of Residence:: Germany

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State or Province of mailing address::

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Anja

Middle Name::

Family Name:: Buchmüller

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Country of Residence:: Germany

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Country of Mailing address:: Germany

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Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Kolkhof

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State or Province of Residence::

Country of Residence:: Germany

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City of mailing Address:: Wuppertal

State or Province of mailing address::

Country of Mailing address:: Germany

Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Peter

Middle Name::

Family Name:: Ellinghaus

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State or Province of Residence::

Country of Residence:: Germany

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City of mailing Address:: Wuppertal

State or Province of mailing address::

Country of Mailing address:: Germany

Postal or Zip Code of mailing address:: 42113

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Germany

Status:: Full Capacity

Given Name:: Olaf

Middle Name::

Family Name:: Weber

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State or Province of Residence::

Country of Residence:: Germany

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Country of Mailing address:: Germany

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Correspondence Information

Correspondence Customer Number:: 35969

Representative Information

Representative Customer Number:: 35969

Domestic Priority Information

6

Application::	Continuity Type::	Parent Application::	Parent Filing Date:
This application	National Stage of	PCT/EP2004/014871	12/31/2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
DE	102004001871.5	01/14/2004	Yes

Assignee Information

Assignee name:

Bayer HealthCare AG

Street of mailing address:

City of mailing address::

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State or Province of mailing address::

Country of mailing address::

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Postal or Zip Code of mailing address::

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